



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Public Health

Report of Animal Potentially Exposed to Rabies

Fax to DPH Rabies Program at 302-739-2549
(or Back up FAX # 302-739-2555)

Owner's Name: _____

Physical Address (No P.O. Boxes or R.D. Numbers):

Mailing Address (If different from above: _____

Daytime Phone Number: _____

Animal's Name: _____ Age: _____ Male Female

Description: CAT DOG OTHER _____

Breed: _____ Markings: _____

Rabies Vaccination Status: Current Until __/__/__ Expired __/__/__ UNKNOWN

Date of Injury: __/__/__ Location and type of injury: _____

Circumstances of Injury: _____

Submitting office (Name, Address, Phone Number)

Veterinarian Signature: _____

For Currently Vaccinated Animals:

Animal was given rabies booster on __/__/__, and owner has been informed of 45-day quarantine requirement. Instructions have been given to owner for compliance with 45 day quarantine.

Owners signature: _____ Date: __/__/__

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For Animals Not Currently Vaccinated for Rabies:

Owner has been informed of the ONLY TWO OPTIONS available: Euthanasia or 6-month isolation quarantine. If owner chooses quarantine, it is effective immediately, and instructions have been given for compliance until details are received from Division of Public Health Rabies Program.

Owners signature: _____ Date: __/__/__